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MN020701. Guidebooks on CBR Terrorism Response Available on CD
WASHINGTON, DC - The Bureau of Medicine and Surgery's CAPT Sandy Reed, MC, and the Navy Medicine Integrated Product Team are releasing their three guidebook set on response to chemical, biological, and radiological and nuclear terrorism.

The guidebooks were originally planned as aids to help in general emergency response, but took on a new urgency and focus in the wake of Sept. 11 and the anthrax attacks.

MTF Preparedness and Response to Biological Terrorism, MTF Preparedness, Response to Chemical Warfare Terrorism and MTF Preparedness and Response to Radiological and Nuclear Terrorism will be disseminated on a CD-ROM to Navy treatment facilities and Fleet Surgeons within the month. For those with access, it will also be posted on the BUMED homepage by Mar. 1. The first guidebook, MTF Preparedness and Response to Biological Terrorism, is already posted at bumed.med.navy.mil/med02/bio%20guide%20%20final.doc.

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MN020702. Services Sign MOU to Join in Cancer Fight
By JO3 Rebecca Whitney, National Naval Medical Center Bethesda
BETHESDA, Md. - Commanders from National Naval Medical Center Bethesda, Md.; Walter Reed Army Medical Center, Washington, DC; and Malcolm Grow Medical Center, Andrews Air Force Base, Md.; and the president of the Uniformed Services University of the Health Sciences, Bethesda, Md. met early this week to sign a Memorandum of Understanding to create the first Tri-Service Institutional Review Board of the U.S. Military Cancer Institute.

According to NNMC Commander RADM Kathleen Martin, NC, the Institutional Review Board will allow researchers to obtain the required reviews of the research protocols in a more streamlined process. Instead of submitting a protocol to the Institutional Review Board of each individual institution, researchers now make one submission to one integrated Institutional Review Board.

The institute has a three-fold purpose: It will ensure quality care for some of the military's most vulnerable beneficiaries, it will keep healthcare costs down, and it will attract and retain cancer researchers and clinicians into the military.

The four military healthcare organizations first met in October 2001 to sign a statement of intent to establish the institute. This MOU brings the institute closer to reality.

In the past 14 years, DoD beneficiaries have developed more than 250,000 serious cancers. In the past year alone, there were 1.2 million physician visits and 11,500 hospital admissions for cancer diagnoses and therapy at a cost of more than \$305 million, according to Martin.

By combining the efforts of these four major medical facilities, the institute is working to become a nationally recognized comprehensive cancer center as certified by the National Cancer Institute of the National Institutes of Health.

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MN020703. New Deployment Healthcare Guideline Announced

WASHINGTON, DC - Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder announced recently the implementation of a new clinical guideline for use by military and Veterans Affairs physicians in caring for the unique needs of military personnel and their families.

Informed by a decade of lessons learned from the Gulf War, military and Veterans Affairs (VA) physicians are now better prepared to provide care for military personnel returning from Afghanistan and other deployments.

The cornerstone of this new health initiative is the Clinical Practice Guideline on Post-Deployment Health Evaluation and Management, available at www.pdhealth.mil/PDHEM/frameset.htm. It was developed jointly by the Department of Defense and the VA. Service members and their families will begin to experience the benefits of this guideline starting in early March.

"This guideline assists physicians and patients by focusing on specific health concerns that may be deployment related," said Winkenwerder.

The development of the guideline represents a two-year multidisciplinary effort involving experts from the VA, Army, Navy, Air Force, and DoD. Specialty experts included clergy, social workers, nurses, toxicologists, epidemiologists, risk communications specialists, psychiatrists, and family practitioners. Health care providers at Camp Lejeune, N.C. were part of a guideline demonstration project.

The guideline also applies to individuals who were not deployed, but who link their concerns to a military deployment - for example, family members of recently deployed active duty personnel. It also offers physicians support in monitoring the long-term health of patients with deployment health issues and provide patients with the education they need to take an active role in their health care delivery.

Up-to-date information will also be disseminated to clinicians about all deployments and make them more knowledgeable about deployment health issues. The primary method of disseminating information, as well as the guideline, is the new DoD Post-Deployment Health website, www.PDHealth.mil.

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MN020704. Commander JTF 160 Praises Navy Medicine

GUANTANAMO BAY, Cuba - Brig. Gen. M.R. Lehnert, USMC, the Commander, Joint Task Force 160, praised Navy Medicine serving in Guantanamo Bay and at Naval Hospital Camp Lejeune for their commitment and capability. Below is the text of the General's message.

"In the past month, I have seen first hand the awesome capability and commitment of Navy Medicine. Here in GTMO (Guantanamo Bay) ... doctors,

nurses and corpsmen treat the battle injuries of a population who are committed to killing Americans in any way they can. They operate, bind wounds, dispense medication knowing that their patient is seldom grateful and sees each medical provider as a legitimate enemy.

"Despite this, they continue to give each of these detainees the same standard of care as they would to a uniformed member of our armed forces. The professionalism and dedication of all these individuals is awesome.

"For those of you who remain behind in Camp Lejeune, the only difference between you and those deployed is a set of orders. All of you are consummate professionals who I trust with my life and the lives of my family.

"Thank you and God bless you!"

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MN020705. Mercy Crew Trains for CBR Warfare

By JO1 Sonya Ansarov, USNS Mercy (T-AH 19)

SAN DIEGO - The terrorist attacks of Sept. 11 were a wake up call to the importance of getting and staying ready. One way the crew of USNS Mercy (T-AH 19) is doing just that is by realistic response training to a deadly trilogy of possible attacks.

"We have concentrated this MERCEX (training exercise) on our chemical, biological, radiological response due to the risk of terrorism after the 9-11 attacks," said CAPT J. D. Malone, MC, commanding officer, Medical Treatment Facility USNS Mercy.

Training started with the crew being issued gas masks as they came on board. "The masks were issued to all of the crew before the training so we could get used to wearing the cases, which also helped us get in the mind-set of the reality of a bioterrorism attack," said LCDR Patricia Corley, NC, USNS Mercy training officer. "Training is always important, and specifically CBR training due to the heightened awareness of the potential dangers out there."

The second part of the CBR training was headed up by members of the Chemical, Biological, Radiological Combat Team from the Navy Environment Protection Medical Unit 5 (NEPMU-5). They provide training, and, in the event of a CBR incident, go on-site to conduct tests to identify specific agents.

Mercy's training involved lectures on different CBR agents, symptom recognition and victim triage. It also included a demonstration of different mission orientated protective posture (MOPP) levels and how to use a field test for CBR agents.

The final training was a CBR bioterrorism mass casualty exercise, which included decontamination, triage and treatment of CBR and conventional victims.

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MN020706. Pearl Harbor Takes Proactive Approach To Ecstasy

By CDR Shauneen M. Miranda, NC, Naval Medical Clinic Pearl Harbor

PEARL HARBOR, Hawaii - Ecstasy. X. E. XTC. Adam. Doves. Methylenedioxymethamphetamine (MDMA).

Whatever this street drug is called, its use continues to rise within the active duty military community. Drug testing by all branches has shown a 12 percent increase in the last two years.

To help combat its use, Naval Medical Clinic Pearl Harbor has developed the "Ecstasy Roadshow," a 30-minute presentation targeting junior enlisted personnel at Fleet and shore commands in Hawaii.

The roadshow consists of a short video produced by the Naval Criminal Investigative Service and a question-and-answer period hosted by a

healthcare professional from the clinic.

Despite evidence to the contrary, some still see Ecstasy as a quick and safe way to experience a night of hallucinations. Nothing could be further from the truth. Ecstasy users can experience seizures, muscle rigidity, dehydration, dangerously high temperatures, and even death. There have been several deaths within the military related to the use of Ecstasy.

Navy has a zero tolerance policy for those who test positive for Ecstasy. Service members testing positive will either be discharged or prosecuted. Dealers in the military suffer much greater consequences than their civilian counterparts.

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MN020707. San Diego Doc Wins JCS Excellence in Military Medicine

By JO2(SW) Terrina Weatherspoon, Naval Medical Center San Diego

SAN DIEGO - CDR E. Victor Ross, MC, of Naval Medical Center San Diego has been awarded this year's Chairman of the Joint Chiefs of Staff Award for excellence in Military Medicine.

Ross, a dermatologist, was given the award for his leadership potential and achievements in military medicine, which include improvements in force health protection, medical care, scholarly pursuits, and medical research. Only one representative from each of the military's medical corps is chosen for this annual award, which is co-sponsored by the Joint Chiefs of Staff, Assistant Secretary of Defense for Health Affairs, and President of the Uniformed Services University of Health Sciences.

Ross was cited for his devotion to the advancement of technology and management techniques in the treatment of dermatological conditions and diseases.

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MN020708. Fleet Hospital Prepares for West African Exercise

By LT Jerry Rostad, Fleet Hospital Minneapolis Detachment HQ

MINNEAPOLIS, Minn. - The West African Training Cruise and Medical Outreach Program scheduled for April will be a landmark event for Navy Medicine. It is the first real world mission since Desert Storm to be completely managed by Naval Reserve medical personnel.

Fleet Hospital Minneapolis and Dallas, both Naval Reserve units, are handling all aspects of the exercise including mission planning, force protection and operations.

CAPT Greg Timberlake, MC, commanding officer of Fleet Hospital Minneapolis, said the exercise provides the Reserve medical community with a new opportunity.

"This is a huge challenge, but it's a challenge we're ready to tackle. It'll give Reservists a chance to shine. Plus, it'll take a big load off the active duty side," he said.

Nearly 100 Reservists from the two fleet hospitals are providing the leadership for the joint multinational exercise. The 14-day mission will focus on medical training with host nations, mass casualty response and health screenings for local villagers.

The African nations of Ghana and Togo are hosting the U.S. led coalition. Togo, located on the West African coast, is strife with malaria, yellow fever and water-borne diseases.

LCDR Susan Strand, NC, a Minneapolis public health nurse who focuses on infectious disease prevention and control, serves as the deputy for the Togo detachment. She looks forward to the medical assistance her unit will provide.

"Diseases are a real problem there. This exercise gives us a chance to train in a realistic environment while providing humanitarian support at the

same time."

Timberlake said the success of this exercise will be pivotal for future, Reserve-led exercises. "Ultimately, this is going to provide us with a new mission to train for and implement."

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MN020709. There's No "Legal" Cold War Medal

By Army Staff Sgt. Marcia Triggs, Special to Navy News Service

WASHINGTON, DC - The Department of Defense will not be creating a Cold War Service medal, and commemorative medals being sold by private vendors are not authorized for wear on military uniforms, Defense officials said.

"After careful consideration, it was decided not to create a medal," said Brad Loo, deputy director of Officer and Enlisted Management Personnel for the Office of the Secretary of Defense. "Throughout the Cold War years, commanders used a full spectrum of individual, unit and service awards to recognize the achievements and sacrifices of service members."

One of the best known is a Cold War Recognition Certificate approved by former Secretary of Defense William Cohen in 1999. The Army, as executive agent, has been responsible for issuing them to any eligible applicant. The certificate recognizes all service members and federal employees who faithfully served in the U.S. military during the Cold War era. For certificate purposes, that era is the end of World War II, Sept. 2, 1945, to the collapse of the Soviet Union, Dec. 26, 1991.

Then last year, an e-mail began circulating about the approval a Cold War medal. A photo of the medal was included, said Arlette King, chief of policy for the Army Award Branch.

"We've tried to correct the issue by putting out messages on our Web site stating that there is not an authorized medal," King said. Several different designs of medals are offered on the Internet - and even at military clothing sales stores.

"This is America. Anyone can purchase the commemorative medal from private vendors, just not wear it on his or her uniform," said King.

Title 18, Section 704, of "Military Medal or Decorations": "Whoever knowingly wears a medal not authorized by Congress ... shall be fined or imprisoned not more than six months or both."

The official site to apply for a Cold War Recognition Certificate is the Army's Web site at coldwar.army.mil. Any other sites offering certificates, replicas or other commemoratives for sale are neither official nor endorsed by Department of Defense or any of the individual services.

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MN020710. AHA In Search Of Quality Healthcare

The American Hospital Association is sponsoring The American Hospital Quest for Quality prize to recognize hospital leadership and innovation in quality, safety and commitment to patient care.

All U.S. hospitals - including military treatment facilities - are eligible to enter. This is an excellent opportunity to receive external validation that the Military Health System is as great as we know it to be. The winner will receive \$75,000 and two finalists will receive \$12,500. Other hospitals may be recognized with Citations of Merit.

Application information is at the association's website, www.aha.org/questforquality/overview.asp. Applications are due Mar. 1.

The Secretary of Defense is allowed to accept gifts and prizes such as this award on the condition that they be used for the benefit of or in connection with the establishment, operation or maintenance of a hospital. In the case of the Navy, the gifts are to be deposited in the Treasury in the Department of the Navy General Gift Fund, and may then be disbursed by

SECDEF subject to the terms of the gift.

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MN020711. HealthWatch: Don't Get Burned By Carelessness

By Aveline V. Allen, Bureau of Medicine and Surgery

Hot frying oil, irons, drain cleaner, electrical outlets, the sun - all these have a characteristic in common. They can all cause painful or even dangerous burns.

Here are some tips from the American Academy of Family Physicians to help prevent you from getting burned.

- If you plan on spending time in the sun, liberally apply sunscreen with a SPF of 15 or higher. Wear protective clothing such as a hat, long-sleeved shirt or pants.

- When working with chemicals, wear gloves and other protective clothing.

- Put covers on electrical outlets that young children can reach.

- Make sure water temperatures are appropriate before you or your children take a bath or shower to prevent scalding.

- Perhaps the most important tip of all for preventing burns in the home is pay careful attention when preparing foods in the kitchen. Burn prevention experts state that inattentive cooking is the leading cause of kitchen fires. They recommend creating a "kid-free zone" of 3 feet around your stove when cooking.

Most small minor burns, no matter what the cause, can be treated at home with cool running water for 10 to 15 minutes. This lowers skin temperature, stops the burning, numbs pain, and reduces or even prevents swelling. Avoid using icy cold water or ice cubes. Extreme cold can cause even further damage to burned skin.

More serious burns may require emergency first aid until the victim can receive medical assistance.

"First aid for any burn is to first remove the patient from the danger area, and get the burning material (clothing) off," said LCDR Lynn Welling, MC, specialty leader for emergency medicine at Naval Medical Center San Diego, Calif. "If it's a small area, cool water is good. If it's a large area, use just a clean dry dressing - a clean white sheet is good if it's all you have."

Never apply grease or butter to the injury. They confine the heat of the burn into the skin and won't allow it to cool. In essence, the skin continues to "simmer."

Welling recommends not using any ointments or creams until you have seen a doctor. Burns that cause blistering or charring, or is on the sensitive skin of the face, should be treated as soon as possible by a healthcare provider.

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